

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026648

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1897

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Manchester		c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home		d. STREET ADDRESS (If outside, give location) #5 S. Taylor Ave.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARTIN Middle M. Last HARLES		4. DATE OF DEATH Month June Day 12 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-22-1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer, Tool & Die Maker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 97
11a. FATHER'S NAME Peter Harles		11b. MOTHER'S MAIDEN NAME Anna Mary Gruenewald	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Peter Harles		13b. MOTHER'S MAIDEN NAME Anna Mary Gruenewald	14. NAME OF HUSBAND OR WIFE Late Amelia N. Harles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Ophelia E. Harles #5 S. Taylor Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO-VASCULAR RENAL DISEASE DUE TO (b) SENILITY DUE TO (c) 442X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION BALLWIN, MO.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from APRIL 8, 1963 to JUNE 12, 1963 and last saw him alive on JUNE 11, 1963 Death occurred at 9:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B.R. Loring M.D.		22b. ADDRESS BALLWIN, MO.	
22c. DATE SIGNED 6-13-63		22d. DATE	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		23b. DATE June 14, 1963	
23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		23d. LOCATION (City, town, or county) (State) Hermann, Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. 6-13-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

14000

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9442X

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1286-0

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Dr. B. Rush Loving La. 7-2304
Manchester Road-Ballwin, Mo.

8-10 & 12-2 Thu.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ernest W. Spillars
14080

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.